


Claimant Name	Barney Solomon
Date of Loss or Damage	July 20, 20XX
FS Claim No.	LBMXX _____

**CLAIMANT CHECKLIST  
EMPLOYEE CLAIM FOR LOSS OR DAMAGE TO PERSONAL PROPERTY**

	Use this form to ensure you have provided everything needed to process your claim. Check the items off when they are complete. Check the sample forms included in IM AK-300-2006-032 for guidance in filling them out. Ask Financial Services if you need more assistance.
<b>DI-570, Employee Claim for Loss or Damage to Personal Property and Supplemental.</b>	
Include:	
✓	Permanent mailing address and telephone number.
✓	Narrative statement that tells who, what, when, where, how and why the loss or damage occurred. Describe how you provided for security of the items.
✓	Detailed description of each item.
✓	Purchase month/year/price of each item claimed.
<b>Administrative Determination form.</b> Include:	
✓	Statement from your supervisor/team lead. For items not on the Reimbursable Items List, or specialized equipment, document why each item is necessary for the performance of duty.
✓	Prescription eyeglasses, sunglasses or contact lenses: include a separate statement from your supervisor/team lead that documents your reasonable effort to secure the eyewear and statement of value documentation.
✓	A charge code. The claim amount will be obligated to this charge code.
✓	Signature of your supervisor and AFS Staff Officer/Division Chief or the Field Manager and District Manager, FDO.
<b>Additional Documentation</b>	
✓	Attach Witness Statements or other statements, etc. on separate sheets of paper.
✓	Catalog photos and prices, copy of original itemized receipts, statement of value documentation.
<b>Submit The Claims Package</b>	
✓	Attach this (completed) Claimant Checklist to your Claim Package, and route to Financial Services, AK-342, following your office's internal procedures.